	Ċ	IVIL RIGHTS COMPLAINT 42 U.S.C. § 1983		LED KS OFFICE COURTEDINY
UNITE	D STATES DISTRICT CORN DISTRICT OF NEW) I ID T		172018 ★ WB OFFICE
•	CC# 18000778	CV-	18 2	
	ne of plaintiff/prisoner ID OCKSON DOSCPH Plaintiff,			
YOU YOU	against- Au County Shewoft CARMAN Pre	YES_	TRIAL DEMAND NO	BIANCO, J. BROWN, M. J.
[Make st	I names of defendants ure those listed above are to those listed in Part III.]			
	to diose listed in Part III,		REC	CEIVED
*******	Defendants.		. APR	1 7 2018
I. P	revious Lawsuits:	X	EDNY PRO	O SE OFFICE
	accurate with	gun other lawsuits in state or fede the same facts involved in this ac ating to your imprisonment? Yes	Allan au	
•	B. If your answer (If there is m	er to A is yes, describe each laws ore than one lawsuit, describe the ece of paper, using the same outl	uit in the space below	v
·		this previous lawsuit:		
	Plaint	iffs:		
·	Defen 	dants:		
	11 State CO	ederal court, name the district; urt, name the county) afful County County	lenifstead	
	3. Docket Nu	mber: NO DOCKET Num	ber	

	4 Nome bethe tuber of
į	4. Name of the Judge to whom case was assigned: \\\ \(\lambde U \) \(\lambde U \) \(\lambde U \)
	5. Disposition: (for example: Was the case dismissed? Was it
!	appealed? Is it still pending?)
	The case is still fending
	6. Approximate date of filing lawsuit: 4/9/18
	7. Approximate date of disposition:
П.	Place of Present Confinement: 100 CARMAN AVE Fast Meadow, Ny 11554
•	A. Is there a prisoner grievance procedure in this institution? Yes () No (A
1	B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (())
	C. If your answer is YES,
	1. What steps did you take? To lot the Author hes
•	Belowse the Authorities blused to Procedure
	MP AMU Alia Vanca / Equised to Mocedian
	me any glievance
	2. What was the result? The desult was that
•	the Du Mocilies Put me in A Cold Soom
: [D. If your answer is NO, explain why not the Authorities to fusion
	me any orie vance
1	
	E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()
	F. If your answer is YES,
	1. What steps did you take? Verbally Complain
ļ	De Carel Authorities Aduled me and mind
	the wife freducts the fused me any guevance
i	2 What when the control of the character of
	2. What was the result? The Authorities tut me
	In a Cold Soom

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· · · a	qqtecc in the	low, plac	se your name	in the first b	lank and pla	ace your present	
~	- 111 ([[second	plank. Do the	same for a	dditional pla	ace your present aintiffs, if any.)	
			! <i>/</i> // :				
A. Name	e of plaintiff	0/	Dudo.	m 509	201		
	TA	DO:	Transfer of	00 00 0 10	OCIN ON HIA		
Address		Bo:	1 Ce // 11	90 (#KN)	FAXT	leadow, Ny	1177
Outsin	le 20.	0 Hm	pia SH erson, N		LON 11	reminer, NY	117)
•	Port	JeFt	terson, N	y 11776	•		
(In item]	B below, pla	ce the fu	ll name and a	ddress of ea	ch defendar	ю.	
					THE WASTERNA		
B. Liete	dofod=	١.		•			
Plaintiff r	nust provid	s' names	and the addre	sses at which	ch each defe	ndant may be ser	rved.
	inge provide	ine add	ress for each	defendant na	amed.	17	
Defendant No. 1			M coa	100/	<u> </u>		
- storidalit [10.]			- HIEOLGA	279,1	rr		_
			1e fu	used to	· aark /	me name	<i>2</i> ∧
			7		V V	THE THE	كرك
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Defendant No. 2	•	_	Mental	Hoa	the Calo	FF	
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	•	:	21 pus	<u> </u>	LONE M	U ABSNE	<u>り</u>
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			:		A		•
Defendant No. 3			An Abril	f.:	/ 1 m		
			1.WIVOU	1100 /	le suse	Υ	
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			but 6	me Pal	# 54	5	•
				100	<u> </u>	<i>-</i>	•
Defendant No. 4			•			1 4	
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	_						
Defendant No. 5			•				
							
		: ;				÷	
:						·	•
Make sure that the	defendante	listed of	019 c ! !				
the Character Proportion of the Character Inches	ALVAIIIO	noted at	ove are ident	ical to those	e listed in the	ne caption on pay	ge 1].

IV. Statement	of Claim:	•	; ;	: :	
(State briefly and co well as the location how each person na need not give any le related claims, number by by 11 sheets of	oncisely, the facts of where the events ocumed was involved in gal arguments or cit ber and set forth each paper as necessary.)	the event yo	d are claiming viol	en derendant i	and state
SW/c 1/2	3/18 until.	now	4/9/18	•	
0	he Mexical	ig me Staff	Mentally of gave mo	Ma Phy	Sies Dy Meolica/in
also + wa	The Office	Mexica	545 Pun L Center F	ch mp	several times
near fro	Slem For	3 days	7	or bod	FDOEL AND
T Meed	n here on Justice to B	e Sey	le Please 1	fudge relf	181 70 Cay
				•	
IV. A If you and describe medical	re claiming injuries and st your injuries and st treatment received?	s a result of t	he events you are cal treatment you	complaining required, W	about,
M. II	ies : T/o		Mlmory		
He was use	ng touce of	susing		ines	545

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V	Relief:	•	<u>;</u>	•	
\$1	ate what relief y	ou are seekir	ir if van	prevail on your complaint,	
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	A -C ///	m tolly		Sind Belaux	- Martin San Landa
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				11/4/2	•
	I declare un	der penalty o	f perjury	that on 4/9/18 I delivered to	his
con	plaint to prison	authorities t	o be mail	(Date) led to the United States District Court for the	172-1
	trict of New Yor			And the curied praces District Could lot in	c Basiem
17131	nict of 146M 101	rk.			•
	01	0	,	0.0	•
	Signed this	da	y of	TUC, 2018. I declare unde	r penalty of
perj	ury that the fore	going is true	and corr	ect.	1
	•			,	
	•				
	•		٠	Signature of Plaintiff	
		•		Name of Prison Facility	
				NASSAU County shorift's	
!	:			Department Sail	•
		•		100 CALMAN AVE	
					1 11000
	· .			Address Earl MEAGOW, NY	11024
	•			Prisoner ID# 18000478	
				10000170	•
	•				

Case 2:18-cv-02290-PKC-PK Document 1 04/17/18 Page 6 of 8 PageID #: 6 CV - 18 2290 NC(:18000478 Jab 23 Cell BIANCO, J. SKOWN, M. J. FILED IN CLERK'S OFFICE ZOO CARMAN AVE U.S. DISTRICT COURT E.D.N.Y. APR 1 7 2018 Gast //cei) ow, Ny 11554 LONG ISLAND OFFICE APril 12, 2018 Attention: PRO Se OFFice Clark of united state District Court, EDNY IOO Federal PAZA RECEIVED Central TSIP, NY 11722 APR 1 7 2018 EDNY PRO SE OFFICE T Would like to approach with cherical corrections About my case I was overtex For Violation of Probation. On 1/23/18 Since that Day The Ver See A Judge Tam here at Nassau County Shew FF's Department Division of Correlion This is my inmole information: Oct 28, 1979 ICN# 18070762 Plus NU# 18000478 I asked the Authorities For my Docket # they told me there is no packet # Now, In this case T was in fail For 7 Months and they Didn't gave me no fail time credit and now the hospitain Soid T was Violated Bobolion and they can't toll me what was the Violation about Therefore, T need my case to be dismiss and I new fustice to Be Served

(2) NCC#1800478 Nowint the Moment Tam here in Jail With book Freatment and the Authorities refused to serve me any grainance, Bolaux the outhorites refuser to garle me any jail supply and also That been abused Mentally and Physically. There is no reason for people to be a sused In fail Because Thespect everyone Twas sick in Jail From the food and bad medications and bad heatment no Hot Waterin my Coll, 16 Hot Water in the showler and the food is not enough, the suthorities wase people ut For To reason and they son't ofened on line and they son't closer on time (meaning they abused us) now because Twas sick and they took me to never Medical Center For 3 days and when I came back to jail one of the Authorities BC# 545 Punch me General time Just Belows T was refusing medical service and after that the puthorities put me in A very coolex room just to make me sicker of that I am Suying For \$ 1.5 Mellion Joller For Punishment Because (T was). Thad lost my memory In this fail From Box treatment and The Suffering Heart Roslem, Physical abusing and also Montal assuring Dail address Outside address 20 Olympia gt Port de fferson location DDB 23 Cell 100 CARMAN AVE Fart Meason, DY 11854

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